

Arkansas Department of Health / Engineering Section

COUNTY _____

I certify that the information in this report is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under 18 USC 1001 and other applicable laws.

Printed Name _____ Signature _____ Date _____

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MICROBIOLOGICAL RESULTS

COLIFORM ABSENT: No coliform organisms found. -- **Safe sample.**

TOTAL, FECAL, or E.coli PRESENT: Coliform present in any concentration (finished water). -- **Unsafe sample.**

INVALID: Too old, form incomplete or post dated, insufficient amount or leaked, lab accident, or any other condition which prevents the determination of the presence or absence of coliform.

RESAMPLING INSTRUCTIONS:

All resamples are to be collected on the same day and within 24 hours of the receipt of the sample results.

SAFE: - No resampling necessary.

UNSAFE: - If more than one routine sample is collected each month, collect one resample at the site of the original unsafe sample, collect one resample upstream within five service connections, and collect one resample downstream within five service connections.

- If only one routine sample is submitted, collect four resample in the manner specified above with the fourth sample collected within the area of the five service connections. If the PWS has only a single tap, collect all resamples from the same tap.

- If the original sample is total coliform positive and the resample is fecal coliform positive, or vice versa, an acute maximum contaminant violation exists and notification must be given to the electronic media within 72 hours. Contact the Engineering Section immediately for instructions.

- In the month following a coliform positive sample, collect and submit a minimum of 5 valid regular samples.

INVALID: - Collect a resample at the same location as the invalid sample within 24 hours of the receipt of the sample results.

NOTE: An overnight courier system for bacteriological samples is available to public water systems through the county health unit. The service is free of charge for those water system who have paid the yearly fee assessment. Contact the health unit in the county for pickup time. Obtain a receipt form the health unit when the bottles are delivered.

If using the mail, we recommend you ensure the bottles will be received the next day. Always obtain a receipt from the postmaster.

Operator Comments: _____

Note: Maximum Residual Disinfectant Levels (MRDL): Chlorine & Chloramines -- 4.0 ppm (as Cl₂)

RETURN THIS FORM BY THE 10TH OF THE FOLLOWING MONTH TO:

ARKANSAS DEPARTMENT OF HEALTH
ENGINEERING SECTION (MS-37)
4815 W MARKHAM ST
LITTLE ROCK, AR 72205

Population	Min. # / Month
25-1000	1
1001-2500	2
2501-3300	3
3301-4100	4
4101-4900	5
4901-5800	6
5801-6700	7
6701-7600	8
7601-8500	9
8501-12,900	10
12,901-17,200	15
17,201-21,500	20
21,501-25,000	25
25,001-33,000	30
33,001-41,000	40
41,001-50,000	50
50,001-59,000	60
59,001-70,000	70
70,001-83,000	80
83,001-96,000	90
96,001-130,000	100
130,001-220,000	120